



Impact of Community Collaboration in the COVID-19 Pandemic – Service Evaluation of a Support Group (Filipino UNITE)

Abstract:

Background: SARS-COV-2 the cause of COVID-19 has sparked a global pandemic with devastating consequences on health, wellbeing, and the economy. Healthcare workers form the frontline of defence, yet, the pandemic affects not only healthcare workers but also their families. There is growing awareness of the benefits of COVID-19 support groups, for professionals and for the wider community. Migrant professionals make up a significant proportion of the human resources in delivering health care globally, as in the UK. Therefore any such initiative, should be culturally tailored to address their needs.

Aim: To outline the development of a community support initiative, in the form of a non-profit organisation, for migrant minority Filipino healthcare professionals and their communities.

Method: A mixed method study with retrospective data collection. A dedicated helpline was set up during the pandemic. A Plan-Do-Study-Act (PDSA) method was adopted. The cohort was divided into two groups, health care professionals and non- healthcare group, with interventions delivered by four divisions, which were health care, non-health care, information governance and public relations - social media divisions. Interactive focus group and webinars were facilitated and data collected via Emotions Behind the Mask questionnaire.

Results: PDSA outcomes, the dedicated helpline responded to 40 phone calls in 6 weeks, calls were linked to basic needs of daily living or work-related issues. In 5 months, the organisations collaborated with 25 local, national, and international organisations delivering community and professional support. The online platform audience reached an audience of 27,795.

Conclusion: The combined professional healthcare and community support initiative demonstrated an impact on healthcare staff with possible benefits in workforce retention. Further studies are required in a larger population exploring mental health and well-being specific to minority ethnic groups.

Keywords: Filipino, Emotions Behind the Mask Questionnaire, COVID-19, Community Support

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Background

There is a growing body of literature that recognises the importance of COVID-19 pandemic support for the community and well-being for healthcare professionals in the frontline. The World Health Organisation (WHO) and national bodies have responded by setting up resources and helplines to offer advice and support in different ways [1][2]. In the UK, more than 2,500 people had contacted a National Health Service (NHS) mental health helpline during the pandemic. [3] This pandemic also had a differential impact on many Black, Asian and Minority Ethnic (BAME) groups unearthing inherent inequalities in society.[4] The support provided by Filipino healthcare professionals to the UK COVID-19 response continues to be significant and many serve in the frontline, hence are one of most affected.

Around 200,000 Filipinos live and work in the UK and Ireland with an estimated 78 - 85% of working age are employed. Around 13 -15 % Filipinos work in low paid jobs while a meagre 1.3% are classified as high earners. [5-6] There are currently more than 200 registered Filipino community organisations and societies in the UK and Ireland. [7] In 2020, 18,500 Filipinos were employed by the National Health Service (NHS) [8] and 20% of NHS workers who have died of COVID-19, have been Filipino.[9] There is a recognised need for providing health and well-being support to all healthcare workers, as well as their families. Perhaps the support may need to be culturally tailored and designed to balance the recognised inequalities.

Community Support

The Philippine Nurses Association (PNA) was established in 1922 by 150 nurses and accepted as a member of the International Council of Nurses in 1929.[10] Trained nurses from the Philippines ventured to UK in the early 1970's and in recent years there has been an exponential rise. [11-12] In 2004, PNAUK was established as a charity to represent and support them, by Michael Duque [13-15] The Filipino Unite group was formed in response to the COVID-19 pandemic in April 2020, as a non-profit organisation. Filipino Unite provides voluntary assistance and charitable services to Filipino's affected by COVID-19 pandemic. [16] The organisations motto is representative of the true spirit of "*bayanihan*" (solidarity) 'the aim is to strengthen the "*bayanihan*" spirit of every Filipino in the UK. The term "*bayanihan*" is derived from the word "*bayán*" which means town. The *bayanihan* concept initially started when a man sought help from his neighbours to move, not only their belongings, but their whole house. Traditionally a Filipino house is made of bamboo and can be moved from one place

to another.[17] The spirit of community service is embedded in the culture of Filipinos who tend to tackle adversities as a close-knit community.

Aim

This paper outlines the development of a community support group, a non-profit organisation that aims to bridge healthcare and community demands specific to Filipinos and evaluates the benefits to the community.

Methodology

A congruent approach to a service evaluation (organizational development) was used with rigorous quantitative and qualitative approaches to assess the effectiveness for the Filipino Unite group and PNAUK [18].

- *Step I – Plan –*

A review of the existing PNAUK byelaws was conducted by the interim committee which included a diverse representation from different geographical areas of the UK, multiple age groups, and diverse professional groups (predominantly nursing). A governance policy and framework were established. [19] The cohort was divided into two groups as healthcare and non- healthcare workers. Stakeholder engagement was undertaken to determine the factors that affect the community during the pandemic. [20]

- *Step II – Do –*

A multidisciplinary team approach was utilized comprising of nurses, lawyers, academics, religious, mental health specialist, entrepreneurs, hospitality and catering industry, domestic support, human resources, and information technology experts to deliver the interventions. The interventions were delivered in four domains: (i) healthcare, (ii) non-health care, (iii) information governance and (iv) public relations or social media. Interactive focus groups and webinars were facilitated in healthcare and community based domains. The webinar topics included; Nurses' journey so far - illustrating the experiences of Filipino nurses in the UK over 2 decades; COVID-19 lived experience; An open forum PNAUK membership webinar; Meet and Greet focus group for the new nurses that arrived post pandemic; how to build your resume and how to ace an interview.

- *Step III – Study –*

A retrospective data collection was conducted using the questionnaire, *Emotions Behind the Mask* (EBM). [21-22] The questionnaire has four parts:



demographics, caring for COVID-19, my worries and coping mechanisms. The survey was rolled out to online platforms addressed to Filipino communities.

- *Step IV – Act –*

This step is currently underway with the analysis of the information obtained so far.

Thematic content analysis was conducted to analyse the data.[26] To gain insights into the data generated, emerging semantic codes and latent

codes were generated as per Braun and Clarke.[27] The inter-active webinar was conducted between two months post pandemic. Process Measure [23] Action Effect Diagram [24] The outcome measure and process measure were analysed through retrospective data analysis. Descriptive statistics measuring percentile impact over 6 months period was adapted.[25]

Table 1. Filipino Unite intervention domains

	Intervention	Change concept Theory	Measurement
Domain 1	Dedicated Helpline	Promoting personalised communication	n of callers
Domain 2	Collaboration of organisations in Health care and Non-Healthcare	Inclusive system with community focus	n of beneficiaries
Domain 3	Press-relations and Social Media	Promoting Informatic approach	n of respondents
Domain 4	Well-being post pandemic response	Optimise review of post pandemic response	Emotions Behind the Mask

Results:

Dedicated Helpline: In six weeks, there were 40 calls, this included nurses requiring basic needs i.e. toiletries and food (n=7), nurses seeking advice (n=20) regarding government funding support, individual non-healthcare issues such as family and legal advice (n=20). Three elderly couples and

COVID-19 patients were supplied with food on their doorstep. In the 6 months, Filipino Unite and PNAUK had developed interactive links with 25 organisations including professional unions, minority ethnic groups, legal support group, pastoral support, embassy registration, professional bodies, and international associations.

Table 2: Collaborations developed by Filipino Unite

Collaborations		
Organisation	Service provided	n
Embassy	General Public	1
Professional Organisation	Health care and Legal	1
Local Community	Basic Needs	5
National Health Service	On boarding induction	8
Solicitors	Legal Advise	3
Professional Body and Union	Work related advise	1
Job Agencies	Employment	1
Philippines Charity	Basic needs	
International Organisation	Recipients	1
Church	Pastoral care	1
Minority Ethnic Groups	International and Local Policies	2
Total		25



Press-relations and Social Media

In this domain, Filipino Unite and PNAUK had reached out to 27,795 social media followers

raising awareness of COVID-19 support and increasing awareness of the Public Health England national mandate on COVID-19 guidelines.[28]

Box1: Social media reach by Filipino Unite

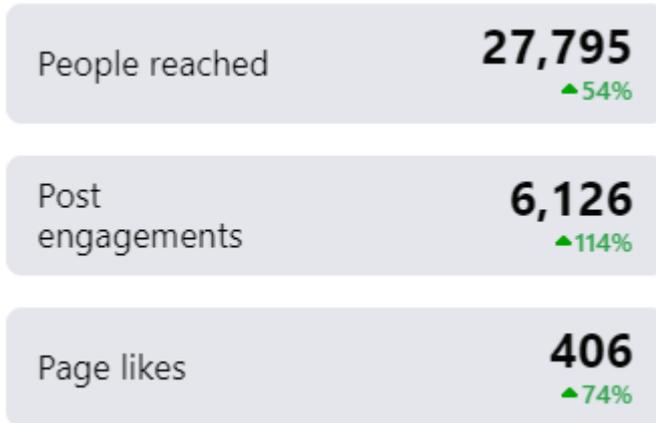


Table 3: Filipino Unite engagement figures

		n
PDSA 1	Dedicated Helpline	40
PDSA 2	Collaboration of Health care and Non-Healthcare	40
PDSA 2	Organisational Collaborations	25
PDSA 3	Press relations and Social media	27,795
PDSA 4	Webinars	201

Wellbeing (Emotions Behind the Mask-UK)

The first set of analyses identified the emotions and coping mechanisms within the Filipino community in response to the pandemic. There were 81 responses with average item completion rate of 95%. The majority of the respondents were in the 40-51 years age group, 56.3%. There were 54 (67.5%) nurses and 27 (33.5%) from non-healthcare related groups including domestic workers, teachers, and a biomedical scientist.

Caring for COVID-19 domain;

Of the 64 respondents who completed the COVID-19 domain, 50% were in direct or indirect contact with COVID-19 patients and 3% were shielding.

My Worries domain:

- Only 2 responded being worried about the impact or possible impact of COVID-19, 10 (45.6%) were very worried and 1 (4.5%) not worried at all. The biggest worry was safety of family (54.5%) followed by self (18%).
- Of the 12 respondents, 4 felt they are making important contribution and 1 felt sad, while the others were anxious.
- When asked about overall emotional status (post pandemic), from 81 respondents, 74 completed the questions and 14 (19%) felt they are making important contributions however 12 (16%) were worried about the future.
- Overall mental or emotional health response 33 (45%) of 73 respondents claimed they rate themselves 'Very good' however 10 (14%) rates as 'fair', none of



the respondents claimed to be 'poor overall'.

Coping Mechanisms:

The most effective coping mechanism was described as 'staying socially connected with family and friends' n = 14 (19%), followed by 'trying to eat healthy' n = 10 (14%), enjoying entertainment (reading, movies/films,

music), and getting accurate information about the virus on how to protect self and family n = 8 (11%).

Access to Services:

The majority (27.4%) claimed they were active in virtual social networking, while 12 (18%) benefitted from webinars and well-being interventions.

Thematic Content Analysis

Theme 1 : Support

Support is the most evident meaningful theme from the results, which impacted on majority of the respondents.

"should there be a second (pandemic) wave, how can we be supported?"

Theme 2: Benefits

"What can PNA-UK do for me as an individual?"

Theme 3 : Jobs

"I hold a dependent visa; can I find a job in UK?"

Theme 5:

"When are we going to have our first salary?"

Discussion

Setting up the Filipino Unite and collaboration with PNAUK was conceived in response to the pandemic. This service evaluation highlighted the need for collaborations with local, national, and international organisations which provide community support services. Support that delivers essential services such as to key workers in healthcare, domestic help, hospitality, industry, education and many more, specific to minority ethnic groups.

The establishment of a dedicated helpline resource, managed by a multi-professional team from healthcare and non-healthcare related areas, appeared to be particularly useful for minority ethnic key workers, and essential for the success of national services.

The present results are significant in at least two aspects. First, the public relations online platform was a valuable resource in providing advice and guidance. Second, for dependents/ family members and the newly recruited nurses, the webinars provided essential information in preparation for their transition to UK practice. This resource may help in providing valuable community based, culturally oriented support to members of minority ethnic communities and improve recruitment and retention profile in industries with significant workforce challenges.

The *Emotions behind the Mask* questionnaire had several limitations as a tool to capture the emotions of the respondents compared to face-to-face interviews or focus groups. Several of the well-being questions were skipped by respondents. This



service evaluation was retrospective however data collection is congruent, the pandemic limits the service provider to collect data in real-time to understand the impact of the services. A real-time feedback evaluation will likely influence the findings.

Combining the quantitative and qualitative outcomes, it is evident that the availability of culturally tailored support, advice on jobs, recruitment and guidance on finance are key factors that may influence nurses retention in the UK. This service evaluation of a voluntary community support organisation demonstrated that collaborations of healthcare and non-healthcare, local and national organisations is feasible.

Conclusions:

In conclusion, this pilot study which aimed to evaluate the impact of organisational collaborations in support, to minority ethnic groups coping mechanism during the pandemic and in recovery is feasible. The relevance of a dedicated helpline resource by the same ethnic groups is found to be helpful.

Whilst this study partially substantiates the factors involved in supporting Filipinos, further studies are recommended to evaluate the effect of organisation collaborations, dedicated helpline in a bigger population including respondents related outcomes.

Ethics:

This study does not require ethics approval as per Health Research Authority Act, it is considered a service improvement quality project.

Data availability Statement:

The data that support the findings of this study are available in Appendix 1.

Publication Consent: The authors give their consent to the journal to publish this literature.

Declaration of Interest: Non.

The delivery of this services/ study was voluntary in response to the COVID-19 pandemic

Author Contributions:

CC designed the analysis and wrote the first draft of the manuscript and made revisions after feedback from co-authors. All the authors meet the definition of an author as stated by the International

Committee of Medical Journal Editors, and all have seen and approved the final manuscript.

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References

- [1] WHO COVID-19 Situation Dashboard <https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd> Accessed 03.09.2020.
- [2] Public Health England "Corona Virus (COVID-19) Guidance and support" <https://www.gov.uk/government/organisations/public-health-england> Accessed 03.09.2020
- [3] Royal College of Nursing I "Thousands of NHS workers turn to COVID -19 Mental Health Helpline". <https://rcni.com/nursing-standard/newsroom/news/thousands-of-nhs-workers-turn-to-covid-19-mental-health-helpline-165116> Accessed 04.09.2020
- [4] Public Health England, Disparities in the risk and outcomes of COVID -19 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf Accessed 10/10/2020
- [4] Richman DD, Whitley RJ, Hayden FG. Clinical virology: John Wiley & Sons; 2016.
- [5] Office for National Statistics "IIP: Assets: Total: Philippines." <https://www.ons.gov.uk/economy/nationalaccounts/balanceofpayments/timeseries/hfig/pb> Accessed 05.09.2020
- [6] "How different immigrant groups perform". Born Abroad. BBC. 2005-09-07. Retrieved 2009-02-22.



- [7] Philippine Embassy United Kingdom. "Filipino Community". <https://london.dfa.gov.ph/com-events> Accessed 04/09/2020.
- [8] Quinn, Ben (17 April 2020). "Coronavirus exerts heavy toll on Filipino community in UK". The Guardian. Accessed 13 June 2020.
- [9] James Clayton (1 May 2020). Why are so many Filipino health workers dying of Covid19? - BBC Newsnight. BBC News Night. Retrieved 13 June 2020.
- [10] Wikipedia. "Philippine Nurses Association". https://en.wikipedia.org/wiki/Philippine_Nurses_Association#History Accessed 10.09.2020
- [11] Linda H. Aiken, James Buchan, Julie Sochalski, Barbara Nichols, and Mary Powell "Trends in International Nurses Migration". Health Affairs . Archived from the original on 2012-07-08.
- [12] Wikipedia. "Philippine Nurses Association". https://en.wikipedia.org/wiki/Philippine_Nurses_Association#History Accessed 10.09.2020
- [13] Wikipedia. Philippine Nurses Association United Kingdom. https://en.wikipedia.org/wiki/Philippine_Nurses_Association_of_United_Kingdom#cite_note-3 Accessed 10.09.2020
- [14] Wikipedia. Philippine Nurses Association United Kingdom. https://en.wikipedia.org/wiki/Philippine_Nurses_Association_of_United_Kingdom#cite_note-3 Accessed 10.09.2020
- [15] Philippine Nurses Association United Kingdom. "Statement". Fb.com/pnaunitedkingdom
- [16] Filipino Unite. "Filipino Unite". <https://filipinounite.com/> Accessed 03.09.2020
- [17] Thought Co. The Philippines: Geography and Fact Sheet, <https://www.thoughtco.com/geography-of-the-philippines-1435646> Accessed June 20, 2020
- [18] Pluye, P. & Hong, Q. N. (2014) Combining the power stories and the power of numbers: Mixed methods research and mixed method reviews. Annual Review of Public Health, (35), 29–45.
- [19] Philippine Nurses Association United Kingdom Governance and by Laws 2020
- [20] Filipino Unite Governance and Policies 2020
- [21] Institute for Health care improvement, Plan-Do-Study-Act 08/10/2019 Available from: <http://www.ihl.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx> Accessed 10.09.2020
- [22] Pabico, Christine "Emotions Behind the Mask". Philippine Nurses Association America Metropolitan DC
- [23] Lucidchart "What is process measure" <https://www.lucidchart.com/pages/processmeasure> Accessed 20.09.2020
- [24] Sriram, Vimal "Action Effect Diagram". <https://www.arc-nwl.nihr.ac.uk> Accessed 19.09.2020
- [25] Rumsey, D. (2011) Claims, Test and Conclusions. Statistics for dummies. 2nd edition, Canda Willey Publishing, pp13-14.
- [26] Green, J. & Thorogood, N. (2009) Analysing Qualitative Data. In: Anonymous Qualitative Methods for Health Research. Second edition. Los Angeles, London, New Delhi, Singapore, Washington, DC, SAGE. pp.15–23, 195, 228.
- [27] Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. Qualitative Research in Psychology. 3 (2), 77-101.
- [28] Public Health England "Corona Virus-COVID19" <https://www.gov.uk/government/organisations/public-health-england> Accessed 01.11.2020

Appendix 1:
Emotions Behind the Mask-UK